

State: ALASKA

Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(i)  
and 1905(p) of  
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),  
1905(s) and  
1905(p)(3)(A)(i)  
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

\*Agency that determines eligibility for coverage.

TN No. 95-005

Supersedes

TN No. 93-05

Approval Date 4/28/95

Effective Date 1/1/95

State: ALASKA

| Agency* | Citation(s) | Groups Covered |
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determines eligibility for coverage.

TN No. 95-005

Supersedes

TN No. 9305

Approval Date

4/28/95

Effective Date

1/1/95

| Agency*            | Citation(s)  | Groups Covered   |
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|                    | A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u> |  |
| 1634(e) of the Act | 28.  | a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.   |
|                    |  | b. The State applies more restrictive eligibility standards than those under SSI.  |
|                    |  | Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy. |

\*Agency that determines eligibility for coverage.

TN No. 95-010 Approval Date 7/27/95 Effective Date 4/1/95  
Supersedes  
TN No. 95/004

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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State: ALASKA

Agency\* Citation(s) Groups Covered  
\* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy

42 CFR X 1. Individuals described below who meet the  
435.210 income and resource requirements of AFDC, SSI, or an  
1902(a) optional State supplement as specified in 42  
(10)(A)(ii) and CFR 435.230, but who do not receive cash  
1905(a) of assistance.  
the Act

X The plan covers all individuals as described  
above.

   The plan covers only the following  
group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

42 CFR X 2. Individuals who would be eligible for AFDC, SSI  
435.211 or an optional State supplement as specified in 42  
CFR 435.230, if they were not in a medical  
institution.

\*Agency that determines eligibility for coverage.

TN No. 91-13 Approval Date 4/10/92 Effective Date 10/1/91  
Supersedes     
TN No.    HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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State: ALASKA

Agency\* Citation(s) Groups Covered  
\* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.212 & ☒ 1902(e)(2)  
of the Act

3. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is \_\_\_\_\_ (not to exceed six months).

The State measures the minimum enrollment period from:

- ☒ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- ☒ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

\*Agency that determines eligibility for coverage.

TN No. 91-13  
Supersedes  
TN No. 89-3

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

State/Territory: ALASKA

| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

\*Agency that determines eligibility for coverage.

No. 93-022 TN  
Supersedes 91-13 Approval Date 1/7/94 Effective Date 10/1/93  
TN No. 91-13

State: ALASKA

Agency\* Citation(s) Groups Covered  
\* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

- ☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☒ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
  - ☐ 21
  - ☐ 20
  - ☐ 19
  - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

\*Agency that determines eligibility for coverage.

TN No. 91-13  
Supersedes  
TN No. —

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

State: ALASKA

Agency\* Citation(s) Groups Covered  
\*The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.220

☒

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

☐

The State covers all individuals as described above.

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

☐

The State covers only the following group or groups of individuals:

\_\_\_ Individuals under the age of--

\_\_\_ 21

\_\_\_ 20

\_\_\_ 19

\_\_\_ 18

\_\_\_ Caretaker relatives

\_\_\_ Pregnant women

42 CFR 435.222  
1902(a)(10)  
(A)(ii) and  
1905(a)(i) of  
the Act

7. ☒ a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

X 20

\_\_\_ 19

\_\_\_ 18

TN No. 91-13  
Supersedes  
TN No. 81-3

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

State: ALASKA

| Agency* | Citation(s)                                    | Groups Covered |
|---------|--|----------------|
|         | * The Department of Health and Social Services |                |

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.222

☒ b. Reasonable classifications of individuals described in (a) above, as follows:

- ☐ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
  - ☐ (a) In foster homes (and are under the age of \_\_\_\_\_).
  - ☐ (b) In private institutions (and are under the age of \_\_\_\_\_).
  - ☐ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_\_).
- ☐ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_\_).
- ☐ (3) Individuals in NFs (who are under the age of \_\_\_\_\_). NF services are provided under this plan.
- ☐ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_\_).

TN No. 91-13  
Supersedes  
TN No. 87-3

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

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Agency\*      Citation(s)      Groups Covered  
\* The Department of Health and Social Services

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B. Optional Groups Other Than the Medically Needy  
(Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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TN No. 91-13  
Supersedes \_\_\_\_\_  
TN No. —

Approval Date 4/10/92

Effective Date 10/1/91

HCFA ID: 7983E